




The New Rhythm in Sleep

A SLEEP APNEA THERAPY DEVICE— for anytime and anywhere



- ✓ **FDA-cleared** for treating mild to moderate obstructive sleep apnea (OSA)
- ✓ No machine, hose, electricity or batteries needed
- ✓ Use at home, traveling, camping... *use anytime, anywhere*

- ✓ Small enough to fit in a shirt pocket
- ✓ **Reusable** and easy to clean with simply soap and water
- ✓ Designed, molded, and assembled **in the USA** 

Q1. What types of patients may benefit from Bongo Rx?

Patients with mild to moderate OSA, for example those who are:

- Non-compliant with CPAP and looking for a user-friendly option
- Compliant with CPAP, but are looking for a supplemental therapy option for use while traveling, camping, at home, or any place electricity may not be available.
- Newly diagnosed mild to moderate OSA patients without significant co-morbidities

Q2. How does Bongo Rx work?

The Bongo Rx has soft nasal seals that seal within the nasal openings. During inhalation, small valves open to allow you to breathe normally through the device. During exhalation, the valves close directing exhaled air through specifically designed vent holes to generate **EPAP (Expiratory Positive Airway Pressure)**, which keeps the airway open until you inhale again.



FAQs
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888.925.2526



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FAQs continued from page 1

Q3. Has the Bongo Rx been clinically tested?

Yes, clinical testing was conducted to demonstrate the safety and effectiveness of the Bongo Rx and testing was reviewed by the FDA. Results demonstrated that the Apnea-Hypopnea Index (AHI) was significantly reduced while using the Bongo Rx compared to the patients' baseline diagnostic. There were no serious adverse events.

Q4. How is Bongo Rx different than Provent?

While both devices produce EPAP, there are several key differences. The Bongo Rx has soft, silicone nasal seals instead of an adhesive seal. It is also reusable. Bongo Rx acts as a nasal dilator. Bongo Rx comes in 4 different sizes. The Bongo Rx has both lower inspiratory and expiratory resistance.

Q5. Will I need a prescription for the Bongo Rx?

Yes, as all devices that treat obstructive sleep apnea (OSA) require a prescription in the U.S. Please consult with your physician to see if the Bongo Rx is right for you.

Q6. How do I determine the correct size for the Bongo Rx and where can I purchase it?

The Bongo Rx All Sizes Starter Kit includes all 4 sizes and allows the patient to take their time at home finding the size that fits them best. We recommend that you try all four sizes before selecting your final size. The provider can also assist the patient to select a size. The product can be purchased from several sources. Please ask your physician for referrals to medical equipment suppliers in your area or search the internet for Bongo Rx.

Q7. Is Bongo Rx covered or reimbursed under insurance plans?

Bongo Rx, like many CPAP alternative devices, is not a covered item under medical insurance plans. You may be able to utilize your healthcare savings plan for the Bongo Rx. Please check with your insurance company.



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Part No.	Description
BNG500	Bongo Rx - All Sizes Starter Kit (includes 1 of each size, headgear, travel case, & drying stand)
BNG502	Bongo Rx - Annual Replenishment Pack - SM (includes 4 of size SM, headgear, travel case, & drying stand)
BNG503	Bongo Rx - Annual Replenishment Pack - MD (includes 4 of size MD, headgear, travel case, & drying stand)
BNG504	Bongo Rx - Annual Replenishment Pack - LG (includes 4 of size LG, headgear, travel case, & drying stand)
BNG505	Bongo Rx - Annual Replenishment Pack - XL (includes 4 of size XL, headgear, travel case, & drying stand)

Part No.	Description
BNG530	Bongo Rx - Replacement Headgear
BNG512	Bongo Rx - Single Replenishment Unit - SM (includes 1 of size SM and headgear only)
BNG513	Bongo Rx - Single Replenishment Unit - MD (includes 1 of size MD and headgear only)
BNG514	Bongo Rx - Single Replenishment Unit - LG (includes 1 of size LG and headgear only)
BNG515	Bongo Rx - Single Replenishment Unit - XL (includes 1 of size XL and headgear only)

PROVIDER PRESCRIPTION FORM

Looking for a Prescribing Physician or Supplier in your area? Visit www.AirAvant.com/for-the-patient



A Sleep Apnea Therapy Device

FAX TO

Supplier Name: _____

Supplier Fax #: _____

Sender's Name: _____

PATIENT INFORMATION

Patient Name:			Patient DOB:
Address:			Daytime Phone #:
			Evening Phone #:
City:	State:	ZIP:	Email Address:

DIAGNOSIS & CARE PLAN

Diagnosis: <input type="checkbox"/> Obstructive Sleep Apnea (OSA), mild to moderate
Prescribed Product: <input type="checkbox"/> Bongo Rx (No substitutions)
Number of Refills: <input type="checkbox"/> 99 (Unlimited Refills) <input type="checkbox"/> Other _____

PRESCRIBER INFORMATION

Prescriber Name:	NPI#:
Office Address:	License #:
	Phone #:
	Fax #:

PRESCRIBER'S SIGNATURE:

DATE:

ORDER FORM WITH MSRP AND MAP PRICING



A Sleep Apnea Therapy Device

Order Date: _____
 PO#: _____
 Company: _____
 Contact Name: _____
 Phone: _____
 Email: _____

BONGO RX STARTER KIT

(Includes 1 of each size (SM, MD, LG, and XL), headgear, travel case, & drying stand)

Part No.	Description	MSRP & MAP (Minimum Advertised Price)*	Provider Price	Order Quantity	Total \$
BNG500	Bongo Rx - All Sizes Starter Kit <i>(includes 1 of each size (SM, MD, LG, XL))</i>	\$199			

BONGO RX ANNUAL REPLENISHMENT PACKS

(Each includes 4 of a single size (SM, MD, LG, or XL), headgear, travel case, & drying stand)

BNG502	Bongo Rx - Annual Replenishment Pack - SM <i>(includes 4 of size SM, headgear, travel case)</i>	\$299			
BNG503	Bongo Rx - Annual Replenishment Pack - MD <i>(includes 4 of size MD)</i>	\$299			
BNG504	Bongo Rx - Annual Replenishment Pack - LG <i>(includes 4 of size LG)</i>	\$299			
BNG505	Bongo Rx - Annual Replenishment Pack - XL <i>(includes 4 of size XL)</i>	\$299			

BONGO RX SINGLE REPLENISHMENT UNITS

BNG512	Bongo Rx - Single Replenishment Unit - SM <i>(includes 1 of size SM and headgear only)</i>	\$99			
BNG513	Bongo Rx - Single Replenishment Unit - MD <i>(includes 1 of size MD and headgear only)</i>	\$99			
BNG514	Bongo Rx - Single Replenishment Unit - LG <i>(includes 1 of size LG and headgear only)</i>	\$99			
BNG515	Bongo Rx - Single Replenishment Unit - XL <i>(includes 1 of size XL and headgear only)</i>	\$99			

BONGO RX ACCESSORIES

BNG530	Bongo Rx - Replacement Headgear Accessory	\$24			
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* Provider agrees that it will not market the Products below the Minimum Advertised Price ("MAP")

Signature: _____ Date: _____
 Ship to: _____ Bill to: _____



NEW CUSTOMER & CREDIT APPLICATION

(Failure to fill in all blanks may delay processing. Application must be signed by owner or duly authorized representative.)

EMAIL COMPLETED APPLICATION TO: info@airavant.com

Company Info	Company Name:		Year Established:	
	DBA (if applicable):		Phone #:	
	Type of Business:		Fax #:	
	Purchasing Contact:	Email:		
	Billing Address:			
	City:	State:	Zip Code:	Country:

Billing Info	Accounts Payable (AP) Contact:		Company ID	EIN #:
	AP Phone #:			Tax Resale #:
	AP Email:			NPI # or DME #: (if applicable)

TAX EXEMPTION REQUIREMENT: We are required to collect and maintain sales tax exemption certificates. Please provide copies of all your most recent applicable sales tax exemption certificate(s).

Ship	Primary Ship to Address: <small>(Attach additional ship to if applicable)</small>			
	City:	State:	Zip Code:	Country:

PLEASE COMPLETE THE FOLLOWING INFORMATION IF REQUESTING A LINE OF CREDIT:

U.S. TRADE REFERENCES

**Companies with whom credit has been established*

Credit References	1. Name:		Phone #:	Fax #:	
	Address:		Customer #:		
	City:	State:	Zip:	Type of Business:	
	2. Name:		Phone #:	Fax #:	
	Address:		Customer #:		
	City:	State:	Zip:	Type of Business:	
	3. Name:		Phone #:	Fax #:	
	Address:		Customer #:		
	City:	State:	Zip:	Type of Business:	

Expected monthly purchase amounts approximately: \$

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due to AirAvant Medical for delivery of AirAvant Medical products. If AirAvant Medical must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest of 1.5% per month charged on balances. Signature also authorizes the release of credit information concerning your company that AirAvant Medical may reasonably require.

Authorized Signature _____ Title _____ Date _____



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